

ATTACHMENT 1

Provider Electronic Solutions Software Screen Shot

The following is a screen shot that users of Provider Electronic Solutions (PES) software will use to indicate copayment, coinsurance, and deductible amounts when submitting electronic 837 Health Care Claim: Professional (837P) transactions for recipients with Medicare managed care coverage.

837 Professional

Total Billed Amount 100.00
 Services 1

Hdr 1

Hdr 2

Hdr 3

Medicare

Srv 1

Srv 2

Srv Adj

Carrier Code 004
 Name MEDICARE

Paid Date/Amount 01/05/2004 60.00
 Detail Number 1

Adjustment Group Code/Reason Codes/Amounts

PR		
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1	3	30.00	4		.00	1		.00	4		.00
2	1	10.00	5		.00	2		.00	5		.00
3		.00	6		.00	3		.00	6		.00

Add Srv Adj

OI #	Carrier Code	Carrier Name	Adj Group	Paid Amount
1	004	MEDICARE	PR	60.00

Copy Srv Adj

Delete Srv Adj

Client ID	Last Name	First Name	Billed Amount	Last Submit Dt	Status
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New

Copy

Delete

Undo All

Save

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